

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 162
Registered No. 460

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Miami No. 3006 Turkey Shoot Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child

Levera Beltran

(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child

Female

To be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth _____

6. Legitimate?

yes

7. Date

of birth Jan. 14, 1926
Month Day Year

8.

FATHER

Full name

Cosmo Beltran

9. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

10. Color or race

Mex.

11. Age at last birthday 24 (Years)

12. Birthplace (city or place)

Sinaloa

(State or country)

Mex.

13. Occupation

Nature of industry

Miner

14.

MOTHER

Full maiden name

Remedios Carbajal

15. Residence

(Usual place of abode)

Miami

If non-resident, give place and state.

Arizona

16. Color or race

Mex.

17. Age at last birthday 23 (Years)

18. Birthplace (city or place)

Durango

(State or country)

Mex.

19. Occupation

Nature of industry

Housewife

20. Number of children of this mother

(Taken as of time of birth of child herein certified and including this child.)

(a) Born alive and now living 1

(b) Born alive but now dead _____

(c) Stillborn _____

21. Were precautions taken against ophthalmia neonatorum?

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was _____

(Born alive or stillborn.)

at 8:30 m. on the date above stated

Signature

Cyril M. Brown
Physician

(Physician or midwife.)

Address

Miami, Arizona

Filed

Jan 24, 1926 L. E. J. J. J.

Registrar

Registrar

325-114-933

MARGIN RESERVE FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth noted.

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Given name added from a supplemental report

Month, day, year